

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO.		FILING DATE	
								APPLICANT(S)			
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/							51			
2	/			/				52			
3	/			/				53			
4	/			/				54			
5	/			/				55			
6	/			/				56			
7	/			/				57			
8	/			/				58			
9	/			/				59			
10	/			/				60			
11	/			/				61			
12	/			/				62			
13	/			/				63			
14	/			/				64			
15	/			/				65			
16	/			/				66			
17	/			/				67			
18	/			/				68			
19	/			/				69			
20	/			/				70			
21	/			/				71			
22	/			/				72			
23	/			/				73			
24	/			/				74			
25	/			/				75			
26	/			/				76			
27								77			
28								78			
29								79			
30								80			
31								81			
32								82			
33								83			
34								84			
35								85			
36								86			
37								87			
38								88			
39								89			
40								90			
41								91			
42								92			
43								93			
44								94			
45								95			
46								96			
47								97			
48								98			
49								99			
50								100			
TOTAL IND.				1				TOTAL IND.			
TOTAL DEP.				25				TOTAL DEP.			
TOTAL CLAIMS				26				TOTAL CLAIMS			

BEST AVAILABLE COPY